



Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405

BUILDING OFFICIAL COMPLAINT FORM

Note: Please complete this form by typing or printing in dark ink.

RETURN COMPLETED FORM TO:

Mr. Jim Bozeman, Field Operations Manager
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405

Today's Date: _____

I, _____, am filing a written complaint against the **Building Official** that was involved in the construction inspection(s) of the facility/project.

COMPLAINANT NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE NUMBERS: HOME () - . WORK () - .

LOCATION OF FACILITY/PROJECT

STREET: _____

CITY: _____ WITHIN CITY LIMITS: ☐ YES ☐ NO ☐ UNSURE

COUNTY: _____ DATE PERMIT ISSUED: _____

DATE CONSTRUCTION STARTED: _____ DATE CONSTRUCTION FINISHED: _____

INSPECTOR NAME: _____ CERTIFIED LEVEL I, II, III ☐ YES ☐ NO ☐ UNSURE

WORKS FOR CITY OR COUNTY GOVERNMENT OF _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE NUMBERS: HOME () - . WORK () - .

CONTINUED ON REVERSE SIDE



CONTRACTOR INFORMATION

NAME OF INDIVIDUAL AND COMPANY: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP CODE

PHONE NUMBERS: HOME () - WORK () -

NOTE: Please use the following area to state the nature of your complaint. You may wish to include photographs to describe the problems with your facility/project and copies of contracts or other pertinent documentation. Please attach additional pages if necessary and **please type or print neatly.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ I have attached ____ additional sheets for my complaint.

☐ I have attached _____ photographs for my complaint.

